

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578 023

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2				/		
3				/		
4				/		
5				/		
6				/		
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48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/	①		
53				/		
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95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	123	←		←		←
TOTAL CLAIMS	131					